

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015761

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132

Primary Registration District No. _____

Registrar's No. 100

STATE FILE NUMBER

FILED MAY 13 1963

1. PLACE OF DEATH

a. COUNTY

GRUNDY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MADISON TWP.

Length of stay in 1b
A few hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ON A farm in Madison Twp.

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

GRUNDY

c. CITY
OR TOWN

Trenton

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

1825 E. 9th.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

CHARLES JACK HOOVER

4. DATE OF DEATH

Month Day Year
May 6, 1963

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/22/1906

9. AGE (last birthday)

56

10. IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attorney

10b. KIND OF BUSINESS OR INDUSTRY

Legal

11. BIRTHPLACE (City and state or country)

BROOKVILLE, KAN.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

G.A. Hoover

13b. MOTHER'S MAIDEN NAME

MAY Allen

14. NAME OF HUSBAND OR WIFE

Jennie Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jennie Hoover Trenton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hanging by rope around neck

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

Person found in abandoned farm home on May 7, 1963

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from

May 7, 1963

to May 7, 1963

and last saw him alive on

XXXXXX

Death occurred at

sometime in afternoon

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Donald Slater

County Coroner

22b. ADDRESS

Trenton, Missouri

22c. DATE SIGNED

5-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5/10/1963

23c. NAME OF CEMETERY OR CREMATORY

Resthaven Cemetery A.F.A.M. Trenton, Mo

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. Gordon Blackmore Trenton, Mo.

25. DATE RECD. BY LOCAL REG.

5-9-63

26. REGISTRAR'S SIGNATURE

Jennie Fair

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0400

2 0405

3

4 0

5 1

6

7 1

8 2

9974X

10

11

12 91-3

13 1-0

MAY 20 1963

JUN 4 1963

AUG 2 1963

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4

E-CP

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

London Blackmer

Licensed Embalmer No. _____

4602

P. O. Address _____

Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.